

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-678)**

SERIAL NO. **10-088.079**  
APP. DATE

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		5		10	
TOTAL DEP.	34		30		4	
TOTAL CLAIMS	39		41		14	
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